



**Department of Health and Human Services  
Centers for Disease Control and Prevention (CDC)  
Agency for Toxic Substances and Disease Registry (ATSDR)  
November 20, 2008  
Tribal Consultation Executive Summary**



**2<sup>nd</sup> Biannual Tribal Consultation Session  
Hosted by Tohono O'odham Nation; Tucson, AZ**

**Purpose:** These Consultation Sessions continue to demonstrate CDC's commitment and respect to honoring the federal trust relationship of CDC with AI/AN tribes in relation to the public health and safety of tribal nations. CDC strives to uphold the tenets of its Tribal Consultation Policy and strengthen relationships with AI/AN tribes. The TCAC Meeting and Biannual Tribal Consultation Session provided opportunities for formal government-to-government consultation between Tribal leaders and CDC senior leadership around several focus areas: Resource Allocations and Budget Priorities, Public Health Preparedness and Emergency Response, Epidemiology & Disease Surveillance, Environmental Public Health in Indian Country, and Obesity.

**Meeting Attendees:** November 20, 2009 - CDC's Tribal Consultation Session was attended by 42 tribal leaders, 55 other tribal leaders and professional designees from tribes and tribal organization, 46 CDC and other federal staff, and 15 staff from state health departments. Leadership from CDC's attending were: Office of Director/the Office of the Chief of Public Health Practice/Financial Management Office/ Procurement and Grants Office, National Center for Environmental Health, the Agency for Toxic Substances and Disease Registry, multiple leadership from the National Center for Chronic Disease Prevention and Health Promotion/Division of Nutrition, Physical Activity and Obesity/ Division of Diabetes Translation Native Diabetes Program/Office of Smoking and Health/ Division of Cancer Prevention and Control, Coordinating Officer for Terrorism Preparedness and Emergency Response and its Division of Strategic National Stockpiles, National Center for Injury Prevention and Control/Division of Violence Prevention, Coordinating Center for Infectious Disease/ Division of Global Migration and Quarantine, and National Cancer Partner/C-Change.

**Summary of Action Issues presented during Consultation Session:**

- ❖ TCAC should have the opportunity to meet with the new CDC Director and other new members of upper leadership in order to establish a relationship with them and to continue the work that is being done.
- ❖ As a Committee, TCAC should have the opportunity to meet with Tom Daschle, the new Secretary for Health and Human Services, to enlighten him on TCAC's work.

- ❖ An initial recommendation was reinforced that CDC establish an Office of Tribal Affairs in the Office of the Director (OD) and that the OD respond in a timely and effective manner to TCAC's recommendations.
- ❖ TCAC supports keeping strong government-to-government relationships between AI/AN Tribes and the federal government (CDC) and the role and responsibility CDC has for facilitating its grantees (states) understand this relationship and assure that AI/AN tribes benefit from the resource awarded to states.
- ❖ The TCAC Budget Subcommittee will be re-established in order to effectively impact CDC's budget.
- ❖ TCAC should continue to request direct funding for tribes and increases in funding allocations for American Indian/Alaska Native issues.
- ❖ States must be held accountable to ensure that CDC funds awarded to states are shared with AI/AN tribes. CDC should make it a policy and a priority that if resources directed toward tribal issues are awarded to an institution or entity that is not a tribal institution or entity, then those resources are awarded on the condition that the institution will collaborate with a tribe, tribal organization, or tribal entity.
- ❖ CDC should understand the significant ability of tribes to determine what works and is successful in Indian Country.
- ❖ Raising the health status of American Indian / Alaska Native people should be a main goal of CDC as an agency. With a new administration, it is imperative that CDC maintain its commitment to supporting the implementation of its Tribal Consultation Policy and being responsive to recommendations and issues raised during tribal consultations.
- ❖ The Navajo nation would like to explore opportunities for CDC direct allocation for emergency preparedness /response and pandemic influenza planning for the Navajo Nation. The Navajo Nation requests the creation of a site for the National Strategic Stockpiles/Receiving, Storing, and Staging in the central part of the nation to serve the rural and isolated area of northern Arizona.
- ❖ It is important for CDC to listen to the statements from tribes about the difficulties they have in accessing monies for preparedness activities that go to states as rationale demonstrating the need for these dollars to go directly to AI/AN tribes.
- ❖ All tribal leaders and CDC should remind the new administration of the United States' federal trust responsibility to AI/AN tribes.
- ❖ CDC needs to hold states accountable for cooperating with requirements regarding sharing resources with tribes. The requirements for states should be strengthened: if a state receives money from CDC based on population numbers that include Indian tribes, then the state must be accountable for the money and ensure that tribes benefit from the money. In the event of an emergency or a disaster, CDC should contact the state to ask what the state has done for the Indian tribes located within its borders.
- ❖ The Navajo Nation requests direct funding for AI/AN tribes, rather than going through the different states and federal regions in which the Nation is housed.
- ❖ Tribal nations need to be recognized as public health authorities, and they need assistance with infrastructure development.
- ❖ There is an opportunity to improve the responsiveness of the surveillance system and to collaborate and communicate with partner organizations. It is recommended that a formal authority and decision-making structure be created within the tribe.
- ❖ There is an opportunity to improve the effectiveness of tribal outreach, prevention, and promotion activities by linking them more closely with data from the clinical side of public health practice and with other data sources available on reservations.
- ❖ CDC can partner with IHS to help establish reporting protocols at the local level to ensure that tribes are part of the surveillance and notification process.
- ❖ CDC should consider reviving the AI/AN Public Health Law Working Committee.
- ❖ Tribal data must be protected. Because of past abuses, research is a sensitive issue for many tribes. Further, questions considering data ownership must be resolved, as there is a

hesitancy to ask for epidemiologic assistance if data will be shared on a wider scale. These data issues must be resolved.

- ❖ Language in terrorism preparedness and emergency response grants should be changed so there are fewer restrictions on how the funds are spent. Tribes need to build public health infrastructure. The grant language is appropriate for counties and other groups that are concerned with data transmission. Tribes, however, need to build their infrastructure.
- ❖ Elder care and long-term care are serious concerns for tribes. CDC should understand that tribes look at these issues from a holistic perspective. The NCAI, NIHB, individual tribes, and the Centers for Medicare and Medicaid are working on position papers and making connections to provide services for long-term care needs.
- ❖ Federal agencies, including CDC and ATSDR, should include adequate levels of funding consistent with the coordinated five-year plan to carry out the eight objectives created in the Waxman Congressional hearing in October 2007.
- ❖ Tribal lands need clean, safe water and trained, certified operators to keep the water clean. Groundwater has been contaminated by industries.
- ❖ Obesity is a critical public health problem for Native Americans. The focus must be on prevention, and efforts must take place at the societal, community, and individual levels. Diet and physical activity patterns must be changed. Tribes need help implementing these programs.
- ❖ Tribes need increased funding to address childhood obesity. Because of the number of children in need, more funds are needed to help schools mandate physical education. TCAC needs information regarding these grants to share with their tribal constituents.
- ❖ CDC should consider the implications of their population service requirements for their cooperative agreements.
- ❖ Regarding public health preparedness, CDC should remember tribes that border Canada as well as Mexico often encounter are significant public health issues connected to both borders.
- ❖ Alternatives need to be made available to tribes that do not have good relationships with their states.
- ❖ Technical assistance is requested from CDC regarding increases in cancer rates in Indian country and to investigate the perceived link between cancer rate increases and environmental factors.
- ❖ A strongly coordinated approach similar to tobacco cessation initiatives needs to be developed to address obesity issues. Funds should be directed to tribes and not have tribes negotiate with states to get resources to benefit their population.
- ❖ One of the directives of the TCAC Budget Subcommittee should be to affect the CDC and HHS budget, particularly direct funding for tribes. Further, the Budget Subcommittee should examine the HHS Strategic Plan for FY 2007 – 2012. Their comments regarding emergency preparedness should align with that document.
- ❖ High rates of infant mortality and injury disparities persist in Indian Country, and numerous tribal leaders articulated significant rates of suicide and a desire to work with CDC to address public health threats to AI/AN youth.
- ❖ CDC should develop more collaboration among tribal entities and federal, state, and local agencies and entities.
- ❖ It was noted that the tribal consultation should last more than one day in order to allow all leaders to speak their issues without time constraints.

#### **Summary of Recommendations to CDC during Consultation Session:**

- ❖ TCAC has only scratched the surface of creating a relationship between CDC and Indian Country. TCAC strongly urges the new administration to encourage additional development and full support of the relationship to impact the public health issues negatively affecting AI/ANs.

- ❖ CDC should increase funding and technical assistance as needed to improve local, regional, and national epidemiologic comprehensive data and knowledge regarding AI/AN tribes and people.
- ❖ CDC should work directly with TECs and their constituent tribes to gain access to multiple disease surveillance systems that potentially have data about AI/AN populations.
- ❖ CDC should systematically assist the TECs in pulling information from multiple data sources into a more reliable, valid, and succinct description of community health status that tribal leaders can use for improved public health planning.
- ❖ Tribal infrastructure to address public health needs is limited. CDC needs to increase funding to support capacity and infrastructure development in public health, including building and supporting a AI/AN public health workforce.

**Summary of AI/AN Portfolio:** In FY 2008, total funds allocated through competitively awarded grants and cooperative agreements to tribal partners approached \$23.0 million (\$22,839,514). In addition to grants and cooperative agreements awarded directly to tribal partners, CDC also allocated more than \$10.6 million through grants/cooperative agreements awarded to state health departments and academic institutions for programs focusing on AI/AN public health issues. The remainder of CDC's AI/AN portfolio falls into three categories: (1) intramural resources (about \$6.8 million), (2) federal intra-agency agreements (about \$2.0 million), and (3) indirect allocations (about \$65.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. CDC estimates its total FY 2008 resource allocation for AI/AN programs to be approximately \$108 million. In FY 2008, 21 percent of these resources went directly to tribal partners, compared to 19.8 percent in FY 2007. The total figure (\$108,079,306.00) represents a 2.7 percent decrease compared to AI/AN allocations in FY 2007 – a decrease that is consistent with an overall reduction in VFC funds received by CDC in FY 2008. If VFC funds are not included, CDC estimates its total FY 2008 allocation for AI/AN programs to be approximately \$44 million, 52 percent of which goes directly to tribal partners and 76 percent overall is expended outside of HHS. The total figure (\$43,815,405.00) represents a 4.6 percent increase over non-VFC AI/AN allocations in FY 2007.